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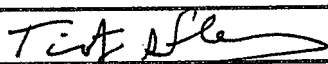
Total Number of Pages in This Submission 15

Application Number	10/710,809
Filing Date	August 4, 2004
First Named Inventor	Ryan D. Tasma
Art Unit	3651
Examiner Name	Leslie A. Nicholson III
Attorney Docket Number	DEM04 P-112A

ENCLOSURES (Check all that apply)

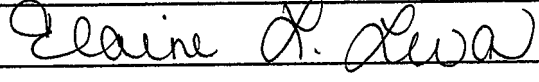
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Van Dyke, Gardner, Linn & Burkhart, LLP		
Signature			
Printed name	Timothy A. Flory		
Date	May 24, 2007	Reg. No.	42540

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being ~~transmitted~~ transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Elaine L. Leva	Date	May 24, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Ryan D. Tasma et al. Group Art Unit : 3651
Serial No. : 10/710,809 Examiner : Leslie A. Nicholson III
Filed : August 4, 2004
For : MOTORIZED ROLLER TRANSVERSE DRIVE

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above identified application.
The fee has been calculated as shown below:

CLAIMS AS AMENDED

Col. 1	Col. 2	Col. 3	Small Entity	Other Than Small Entity
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Add'l Fee
Total Claims	36	Minus 62	= 0	x \$25 \$.00
Independent Claims	6	Minus 7	= 0	x \$100 \$.00
First Presentation of Multiple Dependent Claims			\$180	\$.00 x \$360 \$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$.00 \$.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Small entity status of this application has been established.
- ☒ No additional Fee is required.
- A check in the amount of \$_____ is attached.
- ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: May 24, 2007.

By Timothy A. Flory
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TAF/ell